

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

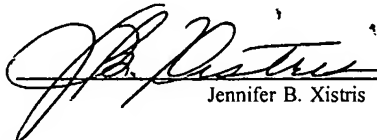
Box Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Margit Burmeister for Ataxia Associated Gene and Protein.

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the U.S. Postal Service on this date November 3, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EL 992 784 765 US addressed to: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Jennifer B. Xistris

1. **Type Of Application**
This new application is for a(n)
☒ Original (nonprovisional)
2. **Papers Enclosed That Are Required For Filing Date Under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application**
100 Pages of Specification
4 Pages of Claims
1 Page of Abstract
61 Sheets of Formal Drawings
3. **Declaration**
☒ Not Enclosed
4. **Inventorship Statement**
The inventorship for all the claims in this application is:
☒ the same
5. **Language**
☒ English
6. **Fee Calculation (37 C.F.R. § 1.16)**
☒ Regular application

CLAIMS AS FILED

	Number Filed	Number Extra	Rate	Basic Fee - \$770.00 (37 C.F.R. § 1.16(a))
	Total Claims (37 C.F.R. § 1.16(c))	28 - 20 =	8 × \$18.00 =	\$144.00
	Independent Claims (37 C.F.R. § 1.16(b))	3 - 3 =	0 × \$86.00 =	\$0.00
	Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))	+ \$290.00 =		\$0.00
			Filing Fee Calculation	\$914.00
7.	Small Entity Statement(s)			
	<input checked="" type="checkbox"/> Verified Statement(s) that this is a filing by a small entity under 37 C.F.R. §§ 1.9 and 1.27.			
			Filing Fee Calculation (50% of above)	\$457.00
8.	Fee Payment Being Made At This Time			
	<input checked="" type="checkbox"/> Enclosed			
	<input checked="" type="checkbox"/> basic filing fee			\$457.00
			Total Fees Enclosed	\$457.00

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9. **Method of Payment of Fees**

☒ Check in the amount of \$457.00

10. **Authorization To Charge Additional Fees and Credit Overpayment**

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No.: 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.


11. **Power of Attorney by Assignee**

☒ Enclosed (unexecuted)

12. **Return Receipt Postcard**

☒ Enclosed

Dated: November 3, 2003



Tanya A. Arenson
Registration No.: 47,391

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☒ **Statement Where No Further Pages Added**

☒ This transmittal ends with this page.